



# Information Bulletin for Primary Care Network Providers

April 2003



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## Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line. There is a link to the PCN Manual on the Medicaid Provider's web site:

<http://health.utah.gov/medicaid/html/provider.html>. The link is at the bottom of the Provider's web page. For more information on manual updates, refer to Bulletin 03 - 126, Updating the Utah Primary Care Network Provider Manual, published October 2002

<http://www.health.state.ut.us/medicaid/pcnoctober2002.pdf>

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**PCN web site:** <http://health.utah.gov/pcn>  
**PCN Information**  
- Salt Lake City area, call 538-6155.  
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.  
- From other states, call 1-801-538-6155.

**Medicaid web site:** <http://health.utah.gov/medicaid>  
**Requesting a publication?**  
Send a Publication Request Form.  
- by FAX: 1-801-536-0476  
- by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106

### 03 - 27 Physician Services, Chapter 2 - 1: CPT Codes Covered, Not Covered, or with Limits

The Medical and Surgical Procedures list ("CPT Code List"), an attachment to the Utah Primary Care Network Provider Manual, is updated with the changes listed below.

#### New CPT codes added to Covered Services

20612 Aspiration and/or injection of ganglion cyst(s) any location

#### CPT Code Requiring Documentation with Claim

An unlisted CPT code and the following codes do not require prior authorization. However, it the provider must attach documentation to the claim for physician review.

- 11400 Excision benign lesion ... trunk, arms, or legs; excised diameter 0.5 cm or less
- 11401 . . . . . excised diameter 0.6 to 1.0 cm
- 11420 Excision benign lesion ... scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
- 11421 . . . . . excised diameter 0.6 to 1.0 cm
- 11440 Excision benign lesion ...face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less ■

### 03 - 28 Hospital Services, Chapter 2 - 3: Emergency Department Triage Fee

The Medicaid Primary Care Plan (PCN) covers services in an acute care hospital emergency department ONLY if the service is related to one of the authorized diagnosis codes listed on the Authorized Diagnosis for Emergency Department Reimbursement List. Any code other than one of those listed would be a non-covered service. If the determination is made that the visit is not for a bonafide emergency, and no service is provided, revenue code 458 can be billed and a nominal payment can be made to the hospital for the evaluation and the determination. ■

### 03 - 29 Pharmacy Services, Chapter 2 - 6, OTC list Revised

The OTC list in the PCN manual has been extended to include insulin syringes, lancets, glucose blood test strips and contraceptive creams, foams, sponges, and condoms. ■

### 03 - 30 Preventive Services and Health Education, Chapter 2 - 8

Policy in the PCN Program states that Preventive Services, including routine physical examinations, are covered. There are no special codes for billing these services, the intent is that they be billed under the general evaluation and management codes and a co-pay should be collected. ■

### 03 - 31 Dental Services, Chapter 2 - 11, Revised

D7110, Extraction, simple; D7120, Extraction, additional tooth; and D7130, Extraction, exposed roots; have been discontinued and replaced with D7140, Extraction, erupted tooth or exposed root (elevation and/or forceps removal). ■

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